



The Examiner

Naval Hospital Twentynine Palms

"Serving with Pride and Professionalism"

Volume 6, No. 4

April 1998

Naval Hospital Pushes for Vision Readiness

On 27 February 1998 Commander James A. Norton, acting Executive Officer of Naval Hospital Twentynine Palms, lead the ribbon-cutting ceremony celebrating the opening of a new service at the hospital, a **Single Vision Ophthalmic Spectacle Fabrication Unit**. He had the privilege of making the first set of spectacles aboard the Combat Center for SGT Adam Sin of the 7th Marines. The unit has the capability to produce single vision government issue spectacles in less than an hour. Multi-focal (bifocal/trifocal) and specialty lenses must still be fabricated at the Naval Ophthalmic Support and Training Activity in Yorktown, Virginia; however, over 94 percent of active duty members reporting to the hospital for an eye examination and requiring spectacles have a prescription that can be filled from the new unit.

optometry appointment within a few days of a request, it often takes 3-6 weeks for the requirement fulfilling spectacles to be made and dispensed. Of particular concern

are students at the Marine Corps Communications and Electronics School who urgently need spectacles in order to meet demanding
See VISION on page 6



HM3 David Cooper presents Sergeant Adam Sin with the first pair of glasses made in the new eyeglass laboratory.

...94 percent of active duty members reporting to the hospital for an eye examination and requiring spectacles have a prescription that can be filled from the new unit...

The fabrication unit came about as a response to readiness concerns. Over 60 marines and sailors per month report to the Optometry Department with no spectacles and less than 20/40 visual acuity. This means they are not "ready" or "deployable" members. Although they may receive an

Consumer Health Council Meeting Slated for Apr. 16

On April 16, 1998, the Commanding General, Marine Corps Air Ground Combat Center (MCAGCC) will host the quarterly Health Care Consumers' Council Meeting.

This forum is your opportunity to bring your health care questions and concerns to the attention of the Naval Hospital staff, hear information on the latest programs and changes occurring within the hospital and take an active roll in the oversight of your health care delivery system aboard the MCAGCC.

Hospital staff members will be on hand to present updates on issues that will effect the health care you receive within the hospital, and our Health Benefits Advisors will deliver the latest updates on your TRICARE options. A representative from the 23d Dental Company will be invited to answer active duty dental health concerns and representatives from Delta Dental and United Concordia will provide information on the retirees and family member dental plans.

The Health Care Consumers' Council is scheduled for the Commanding General's Conference Room, building 1554, at 0900 on April 16. We look forward to seeing you there and having the opportunity to discuss your health care issues with you.

It's Time To Share

See page 2

Navy Traditions and Customs

See page 3

Hospital Corps History

See page 4

From the Desk of the CO...

It Is Time To Share

You may not know that our local Navy-Marine Corps Relief Society gave more than \$650,000.00 to Sailors and Marines on board Marine Corps Air Ground Combat Center (MCAGCC) in 1997. This money was often given as grants and interest-free loans to those of us in need. Of particular interest is the fact that the combined donations to the Society for last year on MCAGCC was about \$150,000.00. By my calculations, we were a bit short in returning to the Society their support for our families.

I encourage you to do as I have done and

fill out your easy payroll deduction form and return it at once to our hospital representatives. This year's co-chair for the fund drive is LT Breier and our key representatives are LT Kelly and Ensign Loui. Please give and give generously because this is a gift that "takes care of our own!"

Be on the lookout for fun and challenging events to help emphasize Navy-Marine Corps Relief fund raising.

We also have 29 volunteer key persons working throughout the command for your convenience. Please thank them as you give to the Navy-Marine Corps Relief Society.



Captain Robert S. Kayler

Lab Technicians Hard Work Pays Big For Hospital

*By Ensign Edward Rodriguez
Naval Hospital Laboratory Department*

Through Hospital Corpsmen Jeffrey Suba and Steven Joyner's efforts has allowed Naval Hospital Twentynine Palms Laboratory Department to increase specimen processing output and decrease the turnaround time for HIV specimens from eight weeks in January 1996 to four working days today.

...decrease the turnaround time for HIV specimens from eight weeks in January 1996 to four working days today...

HIV testing is required for all active duty and reserve personnel. To accomplish this task, the Navy contracted Viomed, a reference laboratory in Minnesota to perform the HIV testing for the Navy. This was done to save money... because by not performing this test in-house saves the Navy money. But as some have experienced, at the cost of longer turnaround times for tests results. Some test results can take as long as two months. The Laboratory here at the hospital has drastically improved the turnaround time of HIV tests in an ongoing effort to improve efficiency and quality of care.

In February 1996, HM2 Suba assumed the responsibilities as the base HIV coordinator. The backlog on HIVs was approximately six months at that time. Naval Hospital Twentynine Palms processed and sent specimens from wards, clinics and Battal-

ion Aid Stations to Naval Hospital Camp Pendleton, who in turn sends these specimens to Viomed, the Navy HIV testing lab. HM2 Suba coordinated with Viomed and Naval Hospital Camp Pendleton to bring HIV results up to date. By June he developed an efficient method of processing specimens through coordinated efforts with wards, clinics and BASS. In July the HIV program was up to Navy standards.

By the end of 1996, communications with Viomed and Naval Hospital Camp Pendleton were readily available, however, some HIV results were still pending, missing or lost. In November, Suba suggested making Naval Hospital Twentynine Palms an HIV processing site independent of Naval Hospital Camp Pendleton (the main processing site in the region). After contacting the Navy HIV program coordinator in Bethesda, MD, Suba gathered information and provided the Navy HIV program with information on specimen volume and turnaround times. His efforts paid off. In May 1997, the Navy HIV program approved Naval Hospital Twentynine Palms to become an independent HIV processing site.

In September, HM2 Joyner took over as the base HIV coordinator. He configured the hardware, software, identified physical resources and trained the laboratory staff on the new procedures. This allowed the hospital to operate as an independent HIV processing site. Since November 1997, Naval Hospital Twentynine Palms has been on-line as an independent HIV processing site and stopped sending specimens to Naval

Hospital Camp Pendleton.

These two petty officers initiative and teamwork have improved the quality of care the laboratory and hospital delivers to its patients.

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The **EXAMINER** editor would like to thank all those who participated in this edition.

Excerpts from Our History...

Navy Traditions and Customs

*By Commander James A. Norton, MSC, USN
Director for Administration*

In this, our fifth in a series of articles on Navy traditions and customs, I thought I would share some nautical trivia on the long time tradition of "Crossing the Line." Another little known custom that some of us have heard about through the years is that of the "Coins at Step of Mast." I'd like to also share that ancient custom with you. I hope you enjoy the comments about each and pass it on to others.

Crossing the Line

The boisterous ceremonies of "Crossing the Line" are of such ancient vintage that their derivation is lost; such horseplay took place in the middle ages, and even before that when ships crossed the thirtieth parallel or passed through the Straits of Gibraltar. These early ceremonies were extremely rough and to a large part, were suppose to test the crew to determine whether or not the novices, the "boots," on their first cruise, could endure the hardships of a life at sea. Then as now, it was primarily a crew's party. The Vikings are reported to have practices similar ceremonies on crossing certain parallels. It is highly probable that the present-day ceremony was passed on to the Angles, Saxons, and Normans from the Vikings. As in the earlier traditions, Neptune Rex is today the "majesty" who rules in the ceremonies.

Those who have "crossed the line" are called Sons of Neptune or "Shellbacks." Bona fide Sons of Neptune always compose the cast for present-day ceremonies. Today, Sailors still treasure their Neptune certificates that are usually addressed to "all Mermaids, Sea Serpents, Whales, Sharks, Porpoises, Dolphins, Skates, Eels, Suckers, Lobsters, Crabs, Pollywogs, and other living creatures of the sea..." and stating that a member has been found to be worthy to be numbered as one of the trusty shellbacks.

The crossing the line ceremonies of the modern Navy are most picturesque. The discomfort of a good sousing in the tank, a slight shock of electricity from the fork of the "Devil," and the-slap happy shaving ceremony comprise the most unpleasant features of the initiation. On merchant ships the ceremony is still reasonably severe in the

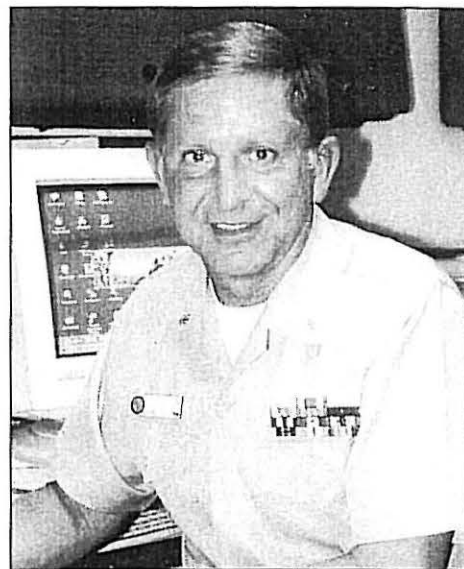
physical discomforts inflicted. Officers of the United States Navy could at one time "buy off," by giving the Neptune party a number of bottles of beer. However, now it is the custom that all officers, and younger officers in particular, undergo the initiation. The oldest and most dignified senior "shellback" member of the crew is customarily selected as Neptune Rex; his first assistant is Davy Jones. Her Highness Amphitrite is usually a physically attractive seaman who will appear in a well-designed outfit of seaweed and rope yarns.

The night before the ship crossed the line, it is the custom that Davy Jones will appear on board with a message to the captain from His Majesty, Neptune Rex, stating at what time he wants the ship to heave to for the reception of the royal party and with specific summons for certain men to appear before him. By careful planning, supervision, and timing, the Commanding Officer can keep within bounds the boisterous horseplay of the oldest and most interesting ceremony at sea. Of course, it is a "field day" for the Neptune Party and the old shellbacks, because as Harry Lydenburg wrote: "What is more natural that on the green shipmates to prove that they could not only stand the terrors and strains and stressed so soon to begin, but that they also had enough of the courage and good fellow in their make-up to take in good humor the joking and the ragging and the joshing accepted as part of daily life aboard ship."

Navy Commendation



Commander James Norton, Director for Administration presents HMCS Theodore Gogo with the the Navy Commendation Medal upon his departure from Naval Hospital Twentynine Palms.



Commander James Norton

Coins at Step of Mast

There is an ancient custom of placing coins under the step of a mast at the time a vessel is built that dates from antiquity. One explanation, given by Commander Beckett, RN, is that possibly the custom is a survival of the old Roman custom of placing coins in the mouths of the dead to pay their way to Charon for transportation across the River Styx; and if a ship is met with mishap at sea, this ensured that the fare of the crew was paid. This custom tends to show that some seafaring men still subscribe to outmoded superstition, and that sea services support many ancient traditions that have no particular bearing on modern sea life. But as we all know, it is of vital importance that these customs are followed to protect all while underway on the high seas.

From the Desk of the Command Master Chief... **On the History of the Hospital Corps**

The reputation of the Hospital Corps for performance of duty during World War I, especially in the field with the Marine Corps, was greatly enhanced. This did not come without a price. In early 1918, members of the Navy's Medical Detachment and the 4th Marine Brigade arrived on the front in France. Things remained peaceful until 13 April, when they were exposed to a four hour bombardment of gas shells. Two corpsmen caught in the bombardment, Fred C. Schaffner and Carol O. Kingsbury, ignored the symptoms of the gas that were affecting them and stayed to treat the others. Schaffner died as a result of his exposure and thus became the first Corpsman to give his life in what would be called the Battle of Belleau Wood.

In an interview, PHM2 Vincent Nolan described duty in World War I, "In answer to the call, Hospital Corpsmen immediately proceeded to the place of summons and rendered the first aid necessary, when possible carrying the wounded man to a protected position. Later came the litter bearers who carried them back to the battalion dressing stations and from the dressing stations they were taken in the ambulance to the hospital. Our equipment was the same as the Marines except that instead of ammunition in the belts we had bandages, tourniquets, and iodine. Scissors were carried in the tops of our puttees. There were 20 to 24 bandages in our belts but whenever possible we used the first aid pack on the wounded man's belt, in order to save our supplies until absolutely necessary."

The tales of bravery and sacrifice are many. During a quiet period, one unarmed corpsman frequently dashed into no-man's-land to gather rhubarb and dandelions for the men, earning himself praise as "one of the most fearless and resourceful men in the sector." A Surgeon added, "His physique is slight, his constitution below normal, but he has guts." PHM2c Frank Welte's exploits at Belleau Wood amazed many. He remained in an open field providing first aid to the wounded even though he was wounded himself. He continued to provide care until mortally wounded by a shot to the head. Before dying, he handed his diagnosis tags to the man he was working on and told him to hand them to the physician at the battalion aid station.

A Chief Pharmacist's Mate and four corpsmen walked into the town of Xammes and set up an aid station, then waited for the casualties to be brought in. Several hours later, American forces cautiously entered the town, intent on seizing it from the Germans. They were stunned to find that the Hospital Corpsmen were the only occupants of the city. Unknown to the medical team, they had advanced past their own lines and through the German occupied countryside and had quietly "taken" the town from the enemy.

As a result of their service, the Hospital Corps was the most highly decorated group in the Navy. Hospital Corpsmen received 2 Medals of Honor, 55 Navy Crosses, 31 Distinguished Service Medals and 460 other major awards and citations. In all, 20 Hospital Corpsmen were killed in action during World War I.



HMCM (SW) Robert Bettis

Making Microbiology Manageable

*By Ensign Edward Rodriguez
Naval Hospital Twentynine Palms Laboratory*

The laboratory recently procured a new microbiology analyzer as part of a continuing effort to improve the quality of care the hospital provides. The Microscan Autoscan-4 arrived in the laboratory last November. Technicians went to training later that month and correlation and quality control studies were completed in January. As of February 1st, the system was on-line and operational.

The Microscan can identify one hundred-fifteen species of gram negative bacteria and forty-seven species of gram positive bacteria. Each identification includes a biotype number that allows the microbiology section to track a specific strain of an organism.

This new analyzer offers twenty-seven different antibiotics, eleven more than before. It offers both the minimum inhibitory concentration (MIC) and reports both urine and systemic interpretations on one panel. It is the most reliable and accurate system for monitoring organisms most likely to develop antibiotic resistance. This allows the laboratory to use just one system to perform all susceptibilities. The laboratory custom-

ized the system to suppress any antibiotic the pharmacy doesn't carry, indicate cost of each antibiotic reported, and report high strength antibiotics only if lower strength ones are resistant.

Bacterial identification and susceptibilities are now on one panel requiring less manual testing. This reduces data entry into the analyzer's data management system. Results are electronically transferred to CHCS, further reducing data entry and possible transcription errors. The system also serves as a teaching tool for new and current laboratory technicians. It uses biochemical tests and micro dilutions of antibiotics that technicians can interpret macroscopically. This allows the panels to act as their own backup should power, the CHCS or the analyzer go down, eliminating the need for a backup analyzer.

The analyzer was purchased on a cost-per-test contract eliminating the need for an expensive maintenance contract. Disposables and supplies for the analyzer are ordered as needed allowing the lab to make the most efficient use of supply space and reduce the amount of quality control performed per lot. The end result is reduced turn around time and increased accuracy, all while saving thousands of dollars and hundreds of man hours per year.

Chaplain's Corner...

The Greatest Wonder of The World

By Lieutenant Daniel Dudley
Naval Hospital Chaplain

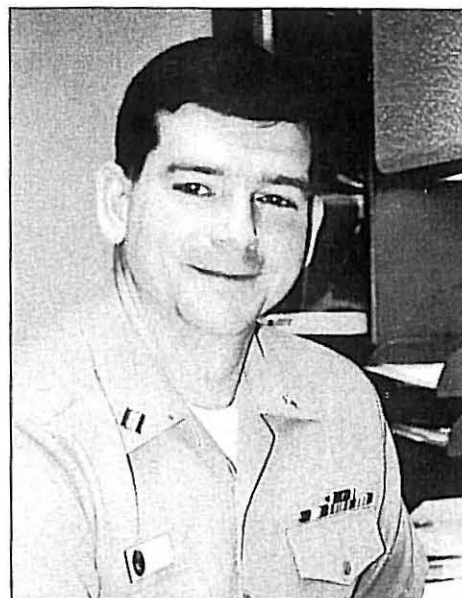
Many of you have heard about the Seven Wonders of the World. It is somewhat of a top seven list of natural and unnatural wonders. The list began in ancient times when the Greeks and Romans compiled lists of memorable things affluent travelers could see. The first list was called The Seven Ancient Wonders of the World and included; the Pyramids in Egypt; the Hanging Gardens in Babylon; the Temple of Artemis at Ephesus; the Statue of Zeus at Olympia, Greece; the Mausoleum at Halicarnassus in present day Turkey; the Colossus of Rhodes; and the Lighthouse of Alexandria in Egypt. Since the time of the original listing of the Seven Ancient Wonders, two additional lists have been created, the Seven Natural Wonders and the Seven Modern Wonders. The Seven Modern Wonders include Mammoth Cave, the Grand Canyon, and the Grand Tetons.

So what is the greatest wonder of the

world? For those of us of the Christian faith we would say that unequivocally the greatest wonder of all the world would be the resurrection of Jesus Christ from the grave. This wonderful and miraculous event is the hallmark of our Christian faith and is the reason for celebration during the Easter holiday season. The greatest wonder of the world is this; that Jesus died and on the third day he eluded the grave and for those who believe will receive the benefits of his first fruits. Hope ends at the grave if this wonder did not take place. As A. B. Simpson put it "Easter is the New Year's Day of the soul."

One cannot deny the many man-made and God-made wonders here on earth. However, these wonders will all crumble and remain here on earth... they are temporary. But the resurrection is the power of eternity. This, in my book, the bible, makes the Easter event the Greatest Wonder of the World.

Please don't let this Easter Season slip by without experiencing the "Greatest Wonder" in all the earth. If you have already experienced it in the past, don't take for



Lieutenant Daniel Dudley

granted this life giving event. This is truly a tour you can't live without. If you need a tour guild, find someone who has been there and is experienced. Let the Bible be your road map. Then sit back and enjoy your tour.

May you find hope in The "Greatest Wonder in the world!"

Letters...

Appreciation

Dear Captain Kayler,

I am writing this letter in appreciation to one of your doctors stationed at the hospital, Doctor Harari from Internal Medicine.

I have been seeing Doctor Harari since his arrival at your hospital. He has always been very professional and outgoing. I see him about once every three months, and he is always asking how he may help me improve my health. He has done numerous tests and blood work, and I seem to be getting healthier as time is going by.

I retired from the Marine Corps in 1992 after spending 21 years of faithful service. I have always had the utmost respect and admiration for the Naval Doctors, and Doctor Harari has only endorsed what I have felt over the years. In the days of having different HMO's and seeing different people, who really don't take an interest in their patients, it is really a good feeling to have a doctor like Doctor Harari who takes an actual interest in his patients. I know that soon

Hail and Farewell...

Welcome Aboard

LT K. Branson-Berry	HN V. Queano
HN D. Davenport	HN N. Bottom
HN J. Minter	MS2 R. Bueno
HM1 J. Macias	HR D. Wright
HM2 T. Bilbruck	

enough, he will be getting transferred, or getting out of the military. But for now, just know that one of your doctors is highly respected and I appreciate the opportunity given to me to be one of his patients. Please feel free to congratulate him on a job well done.

Respectfully,
James J. JoCurto
SSGT USMC Ret

I Take Exception

Dear Editor,

I would like to take exception to comments in *The Examiner's* Volume 6, Number 4 issue of March 1998.

Farewell

LCDR R. Satonik	HM3 J. Heinzman
LCDR V. Stewart	MSSN D. Furbay
CDR D. Pellini	HM2 V. Joshlin
ENS B. Carroll	HN A. Garabedian
LCDR J. Sutton	HM1 R. Larsen
HN T. Pierce	HR G. Snider

New Family Members

HM3 Kathy Taylor and Gerson Ceron Miranda are proud to announce the birth of their daughter Nydia Catarina Taylor who was born March 3, 1998 at 3:31 a.m. At birth Nydia weighed 6 pounds 6.4 ounces and measured 19.5 inches in length. Congratulations.

On page eight of this issue, you make reference to Cynthia Marshall receiving a Certificate of Achievement and extra money for "almost single-handedly (she really used both hands and all ten fingers) in bringing the hospital's backlogged transcriptions up to date." This leads the reader to infer that

See **LETTERS** on page 6

Another Medal



Commander James Norton, Director for Administration awards a Navy Commendation Medal to HM1 Steve Miller.

Letters...

Continued from page 5

Ms. Marshall does all the transcriptions that are dictated here at Naval Hospital Twentynine Palms. I would like you to know that this is not the case and this information should have been researched prior to going to printing.

Ms. Marshall works within the Radiology Department, and while she may very well have exhibited extraordinary work to reconcile the backlog of radiological transcriptions, she falls short of "single-handedly" completing all of this facility's transcriptions. You should be aware that the Transcription Division, Patient Administration Department function is to transcribe all the inpatient medical summaries of all patients admitted to this facility. Additionally, all surgical procedure summaries and operative reports are transcribed by this division. These documents are time-sensitive and are completed within twenty-four hours of original dictation by the medical provider. An average year of dictation consists of 265,000 lines of transcription.

Historically, over the past four years, the Transcription Division, Patient Administration Department has assisted the Radiology Department in maintaining current radiological transcriptions. During times of reduced staffing and personnel losses, Patient Administration has provided transcription support in efforts to minimize the backlog cases of radiograph transcription.

It is appropriate to recognize those staff members who go the extra mile to get the job done and I applaud Ms. Marshall's efforts. However, before you print information giving someone else credit for com-

pletely doing another division's work, you need to do your homework and get the facts straight.

*Sincerely,
R.L. Wales, Jr.*

Editor's Note:

I stand corrected, and apologize for my error. I have made embarrassing mistakes in the past in this business and will, no doubt, make embarrassing mistakes in the future. (I'm currently writing the XO's name 1,000 times... see page 2 of the March *Examiner*)

Many people deserving of recognition labor at this command on a daily basis from all departments and divisions and on all shifts. My job here at the command is easy, because the staff of Naval Hospital Twentynine Palms makes it easy by establishing excellence as a routine in their daily work... I really enjoy telling the rest of the world about the accomplishments of this hospital's staff. However, I do sometimes need help because I can't be everywhere at once. If any department head, division officer or supervisor would like to recognize someone in the *Examiner*, all that they need to do is to provide me with an article, or just provide the basic facts (in writing) and I will see to its publication. I will even take pictures or arrange for someone else to take them. The normal deadline for each issue is the 15th of the month for the following month's issue.

Again, I apologize for my errors.

*Dan Barber
PAO/Editor*

Vision...

Continued from page 1

visual requirements. Spectacles that improve visual efficiency and performance markedly enhance individual and unit success and readiness. The initial focus of the new spectacle fabrication unit will be to provide 1-2 days spectacle service for "non-deployable" members. Routine spectacle orders will continue to be ordered from major Navy ophthalmic fabrication centers. In times of urgent deployment, resources may be easily redirected to make most required spectacles on a walk-in basis. The unit also has the capability of fabricating tinted lenses and lenses for the Navy's Frame-of-Choice Program, a program so successful that the Army and Air Force will be implementing it this year.

The implementation of the fabrication unit was spearheaded by Navy Optician HM1 Steven Miller and strongly supported by the hospital leadership. For over a decade Naval Hospital Twentynine Palms opticians have realized the readiness value of an onboard ophthalmic laboratory to Combat Center marines and sailors and have fervently desired to make it happen. Such a lab would allow them to utilize their training and skills and would also make 29 Palms a highly desirable billet for future Navy opticians. Changes in Navy Medicine policies toward "satellite" labs last year opened a crack in the door, and HM1 Miller marched through with a plan that resulted in the celebration of the lab's opening. Major challenges of facilities renovation, equipment, lens and frame stock, safety issues, funding, and coordination with navy ophthalmic fabrication centers were all successfully met.

Navy Optician HM3 David Cooper was assigned to execute the plan and exhibited enthusiasm, perseverance, and extraordinary efforts to insure all phases came to fruition. The team effort included the guidance and support of the Optometry Department Leading Petty Officer, HM3 Christina Hunt, and staff member, HM3 Melissa Perich.

The evolution of this new "readiness improving" service represents a fine example of Navy teamwork from senior leadership to junior staffers and exemplifies the hospital's commitment to quality medical care and to the readiness of our fighting forces.

TRICARE Brochures Are Corrected

Two TRICARE brochures, published in mid-1997 by the Defense Department, contain inaccuracies. The mistakes are as follows:

1. The first TRICARE brochure, *"TRICARE and Your Health Care Choices,"* published for retired military members and their families, contains an erroneous figure for prescriptions obtained under TRICARE Prime.

The brochure incorrectly says that retirees and their families who are enrolled in TRICARE Prime can get a 90-day supply of prescription medications from a TRI-

CARE Prime civilian network pharmacy for a cost of \$9. Actually, TRICARE Prime enrollees can get only a 30-day supply for \$9. The cost for a 90-day supply is \$22.

Other cost information in the brochure, for prescription as well as for other medical services, is accurate. The brochure currently states that there's no charge for prescriptions filled at military medical facilities. Mail order prescriptions are \$8 for a 90-day supply of medications.

Under TRICARE Extra, for a prescription from a civilian network pharmacy, the retiree cost-share will be 20 percent of the allowable charge (15 percent for an active-duty

family) for a 30-day supply. Under TRICARE Standard, the cost-share will be 25 percent (20 percent for an active-duty family), for a 30-day supply of prescription medications.

2. The second TRICARE brochure, *"Everything you wanted to know about TRICARE,"* published for the families of active-duty service members, incorrectly says that, if you get emergency care in a civilian hospital's emergency room, you'll pay \$20 of the allowable charge for the care. The brochure should have said you'll pay 20 percent of the allowable charge.

Bye Bye



HM3 Joseph Heinzman of the Emergency Medicine Department receives an Honorable Desert Rat certificate upon his honorable discharge from the Navy.

Re Up!



HM3 Jessica Kirkpatrick, right, takes the enlistment oath at her recent reenlistment ceremony at Military Sick Call.

Retiree Dental Plan Phone Numbers

The contractor for the Defense Department's new retiree dental plan has announced two toll-free telephone numbers for use by people who enroll in the plan, or who want more information. The toll-free numbers are:

1-888-838-8737 for enrollment

1-888-336-3260 for customer service (claims, eligibility, billing and payment inquiries).

The contractor, Delta Dental, has mailed enrollment and cost information to retirees and their families, to the mailing address listed in the Defense Enrollment Eligibility Reporting System (DEERS) data base. If you haven't yet received this information, call Delta at the appropriate toll-free number.

You can also get information and an enrollment form at Delta's web site for the retiree dental plan: www.ddpdelta.org

Heart to Heart Balloon Release

In recognition of the needs of our community, Naval Hospital Twentynine Palms established "Heart To Heart" program in 1997.

It is a support program for families who have experienced the loss of a loved one. The primary objective is to bring into existence a caring community of individuals who help each other find effective methods of dealing with their loss. Relatives and friends are welcome to attend monthly support meetings.

The group meets on the second Tuesday of every month at 6 p.m. in the Maternal Infant Dayroom at the Naval Hospital. If you choose to attend you may do so at any time. Additionally, individual support is available for those who may not feel comfortable attending the support group at this time. All services are free and provided by volunteers.

The new year is well on its way and for

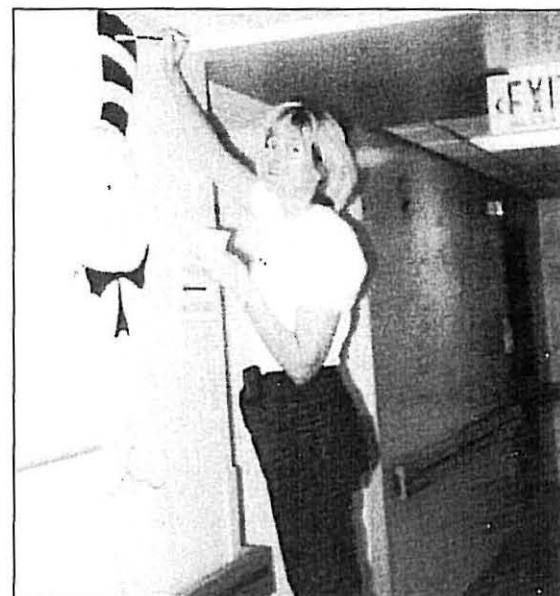
many people it can bring back memories of both difficult and joyful times during previous years. We conducted a "Balloon Release" in honor and memory of our loved ones who have died. We had an information booth for those who have experienced the loss of a loved one, or who are interested in ways to support bereaved individual families. The "Balloon Release" and information booth was held on March 17, in front of the ship's store at the Naval Hospital. There were balloons and message cards to attach to the balloons, a give away "stuffed bear" and a lot of information available.

For any additional information concerning "Heart to Heart" please contact Sandra Yockey, RN, Naval Hospital Twentynine Palms Bereavement Coordinator, via the Maternal Infant Nursing Department at 830-2258 or 830-2259.

It's Art...



From left to right, YN3 Tera Rodriguez and ENS Betsy Carroll bring characters to life in the Pediatric Clinic.



LCDR Roxanne Macomber puts the hat on the cat in the hat.

ENS Deborah Bakken and Judith Anderson are feeling a little looney as they paint the looney tunes.



Red Cross Volunteer Dawn Noble and Peds Medical Clerk Denise Schulman are quite a painting team.



HM3 Martin Vasquez and LTJG Julia McDade are making a joint effort on these murals.